PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number 10/587 158

| <u> </u> | | CLAIMS | AS FILED - PART | rr | | | | | |
|---|--|--|---|--|---------------------|------------------------|----|---------------------|--------------------|
| _ | | | (Column 1) | (Column 2) | 8MALL ENT | | OR | OTHER SMALL I | |
| U.S. NATIONAL STAGE FEES | | | | | RATE | FEE |] | RATE | FE |
| BASIC FEE | | | SMALL ENT. = 8 150 | LARGE ENT. = \$ 300 | BASIC FEE | | OR | BASIC FEE | 301 |
| EXAMINATION FEE | | | Satisfies PCT Article 33((4) = \$ 50 / 8 100 | 1) All other situations = 8 100 / 8 200 | EXAM. FEE | | | EXAM. FEE | 1 |
| SEARCH FEE | | | U.S. is ISA 4 \$ 50 / 8 (c) ALL other countries = \$ 200 / 8 400 | All other situations = \$ 250 / \$ 500 | SEARCH FEE | | | SEARCH FEE | 20 |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 | = /50= | X \$ 125 = | | 1 | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | ₩ minus 20 | = 0 - | X \$ 25 = | | OR | X \$ 50 = | ļ |
| NDEPENDENT CLAIMS | | | minus 3 | = . | X \$ 100 = | | OR | X \$ 200 = | |
| MULTIPLE DEPENDENT CLAIM PR | | | | | + \$ 180 = | | OR | + \$ 380 = | |
| If the difference in column 1 is less than zero | | | | "0" in column 2 | TOTAL | | OR | TOTAL | 900 |
| AMENDMENTA (| 2506 | (Column 1) CLAIMS REMAINING | RIC | RT II lumn 2). (Column 3) 3HEST MABER PRESENT | SMALL E | NTITY ADDI- | OR | OTHER 8MALL E | |
| | | AFTER AMENDMENT | PRE\ | VIOUSLY EXTRA | RÁTE | TIONAL FEE. | | RATE | TION |
| | Total | <u> </u> | Minus ** | 0 - | X \$ 25 = | | OR | X \$ 50 = | |
| | | | Minus (| = | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT C | | | T CLAIM | + \$ 180 = | | OR | + \$ 360 = | |
| | | • | | | TOTAL ADDIT. FEE | | oR | TOTAL ADDIT. FEE | |
| <u>.</u> | , | (Column 1) CLAIMS | | ymn 2) (Column 3) | | | | . : | |
| 9 | | REMAINING AFTER AMENDMENT | NÚ PREV | HEST MBER PRESENT NOUSLY EXTRA D FOR | RATE | ADDI- TIONAL FEE | | RATE | ADD TION FEE |
| AMENDINE | Total | • | Minus ** | za . | X \$ 26 = | | OR | X \$ 60 = | |
| | Independent | • | Minus *** | 2 | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRES | ENTATION OF M | IULTIPLE DEPENDENT | CLAIM | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | d | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| 4 | the "Highest Nu "Highest Nu | mber Previously Pai mber Previously Pai | e entry in column 2, write "0 ld For" IN THIS SPACE Is le ld For" IN THIS SPACE Is le I For" (Total or Independent | 188 than '20', enter "20". 189 than '3\ enter "3" | | | | ; | |